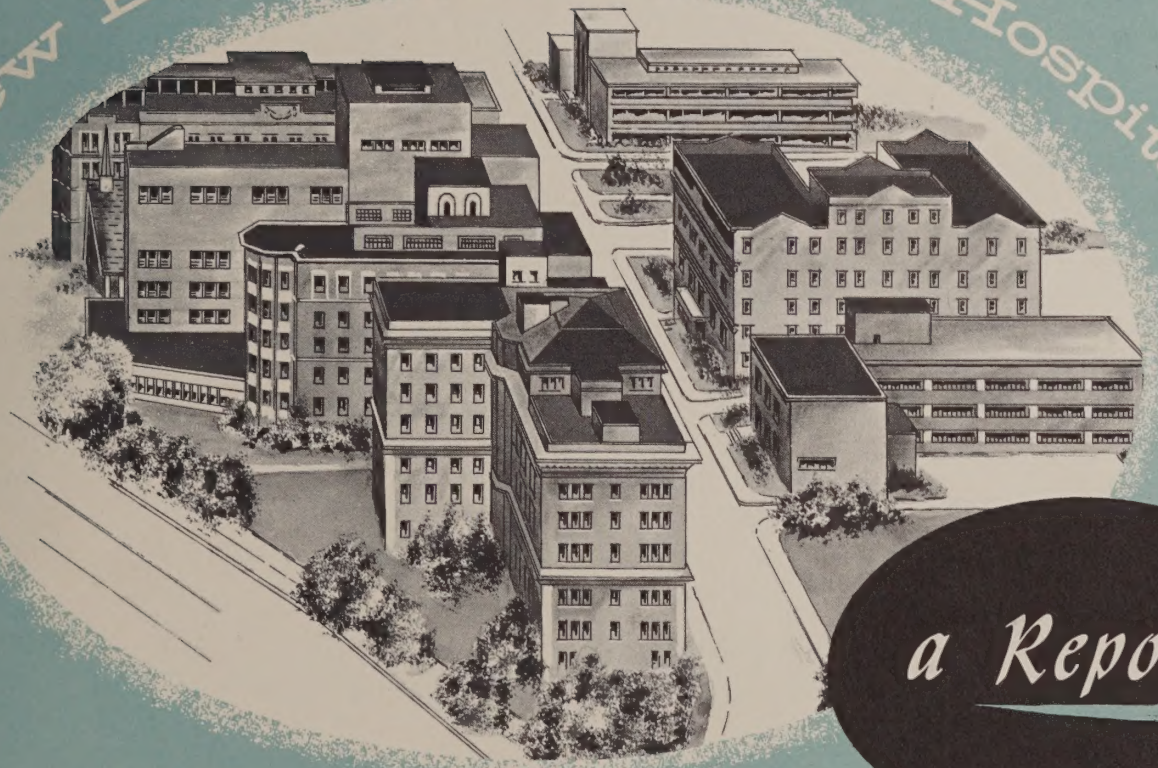
1959

New England Deaconess Hospital



a Report

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New England Deaconess Hospital

a Report

Report of the President

Francis W. Capper

The past half decade in the history of the New England Deaconess Hospital opened on Jan. 1, 1954, with a challenge both unique and monumental. A new era had begun during the previous year with dedication of the $3,500,000 Central Building. Our institution, after progressing from humble beginnings, had achieved new rank among the world's leading hospitals in facilities as well as medical skill.

This, if ever, was a time to pause and relax. Heavy demands had been made on all concerned with construction of the Central Building. Success of their efforts could now be measured in excellence of the modern hospital structure.

But the suggestion to rest on advances of the past could not be accepted by a dynamic institution. Greater heights were — and will continue to be — the goal of the New England Deaconess Hospital.

Milestones of progress since the beginning of this "new era" can now be counted; they have touched every phase of hospital activity.

During 1954, a 2,000,000-volt X-ray machine was installed at a total cost of $210,000. This new weapon in deep therapy treatment of cancer victims placed the hospital in the forefront of the radiology field.

The construction program continued and recognition that a great need would soon be fulfilled came on Nov.

23, 1944, when the executive committee and trustees voted to accept the generous offer of Mr. Arthur T. Dooley to construct a chapel. Not long thereafter, on March 8, 1955, Dr. Elliott P. Joslin announced the letting of a contract for erection of the Hospital Teaching Unit.

New laboratories were completed at this time at a cost of over $100,000 and the prospect of additional building progress was heightened by announcement of the Ford Foundation that the hospital would receive a grant of $159,600.

The trustees approved an expanded residency program early in 1956. Both patient care and service to the medical staff improved with introduction of this important program. A new concept in nursing care and facilities was opened on May 31 when the first patients were accepted in the Special Care Unit. Seriously ill patients were now able to receive the most intense and most efficient nursing attention possible.

On June 28, Mr. Dooley passed the keys of the Chapel bearing his name to Bishop John Wesley Lord, opening the beautiful facilities for prayer and meditation to visitors, patients, employees and staff members of all faiths.

New England Deaconess Hospital joined the cooperators of the Harvard Medical School Power House and on August 30 began receiving its new source of heat for the hospital and Hospital Teaching Unit. The steam, piped underground for nearly 1,000 feet, permitted discontinuance of the boiler room.

Trustees and corporation members took pride on November 20 in announcing the elevation of Bishop John Wesley Lord to the newly created position of Chairman of the Board of Trustees. All expressed gratitude for his dedicated service as President.

The Board of Trustees authorized and approved purchase of the apartment house at 2, 6, 10 and 14 Autumn st. on September 25, 1956, with payment of $515,000 to be made from endowment funds. Papers were passed in January, 1957. Seventy-six apartments

Closed Circuit Television

Hospital Teaching Unit

were then made available for rental to hospital personnel. The nursing staff in particular benefitted from the desirable living quarters close to the hospital.

Dedication of the Hospital Teaching Unit on Feb. 10, 1957, added unique and money-saving facilities for ambulatory patients. Located in the building owned by the Diabetes Foundation, Inc., the unit is managed by the hospital and provides a concentrated period of specialized instruction and medical supervision for ambulatory diabetic patients.

Interior and exterior of the hospital have been touched by progress. Modern furniture costing $85,000 has been placed in patient rooms and through the generosity of the Deaconess Aid Society, extensive landscaping beautifies the grounds.

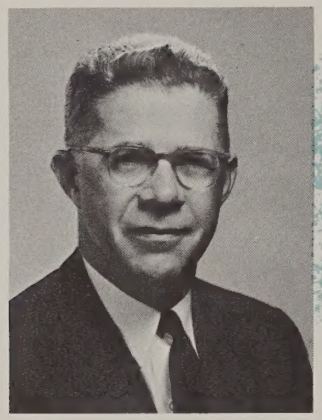
Construction on a new building for maintenance shops and an addition to the laundry started in March, 1958, and is now nearly completed. Another floor has been added to the Cancer Research Institute.

Channing Home, long a neighbor on the Deaconess scene, was acquired in July and after extensive renovation was opened in January of this year. Renamed Norwich House, the building serves ambulatory inpatients and outpatients. It adds 19 beds to bring the hospital total to 376.

An outline of advancement, however brief, must include the vital role of the Friends of the Deaconess. Every patient, every staff member, every employee and every visitor has benefitted from the generosity of the Friends in time and funds. The corporation extends its deepest gratitude for their continued flow of donations, raised through benefits and income from the new Coffee Shop, the Gift and Flower Shop, the Thrift Shop and other activities. From Special Care Unit to Nursing School, their volunteer efforts have given the hospital the completeness of which it is justly proud.

Every accomplishment of the New England Deaconess Hospital has been made possible by the generosity of those who are our friends and benefactors. Ours is not the richest institution. The need for additional funds is always great. Without financial assistance we cannot expand or, for that matter, remain in our present position as an outstanding medical institution.Medicine is making extraordinary progress. The hospital can keep pace only through continued generosity.

The Deaconess Hospital community was saddened by the death of Stanley O. MacMullen in June, 1957, and Dr. Warren F. Cook in August, 1958. Both were men of judgment and foresight, of courage and dedication. For 24 years Mr. MacMullen served as chairman of the Executive Committee. Dr. Cook was Executive Director of the hospital from 1929 to 1954. Their contributions of the past will inspire the New England Deaconess Hospital for decades to come.



R. D. Lowry

Report of the Executive Director

Since the number of changes that have taken place in recent years is numerous this report of progress encompasses only the major projects.

The finest physical plant is of little value if acute personnel shortages exist. For the first time in many years all departments of our hospital are well-staffed and our turnover in personnel is the lowest since 1940. Evidence of employment stability will be demonstrated at our annual service awards dinner in February, 1959, when we will honor all personnel who have been with the Hospital more than five years. Approximately 300 will be eligible to attend and their combined service will total of 3,300 years. Few hospitals have a more loyal group of employees.

Reduction in our personnel turnover, the improved pay scales and the added number of beds and services have, of course, increased our expenses. Five years ago our total expense budget was approximately 2¾ million dollars. This past year our expenses were over 4½ million dollars. Fortunately, our income has kept pace and the hospital is operating at close to the break-even point.

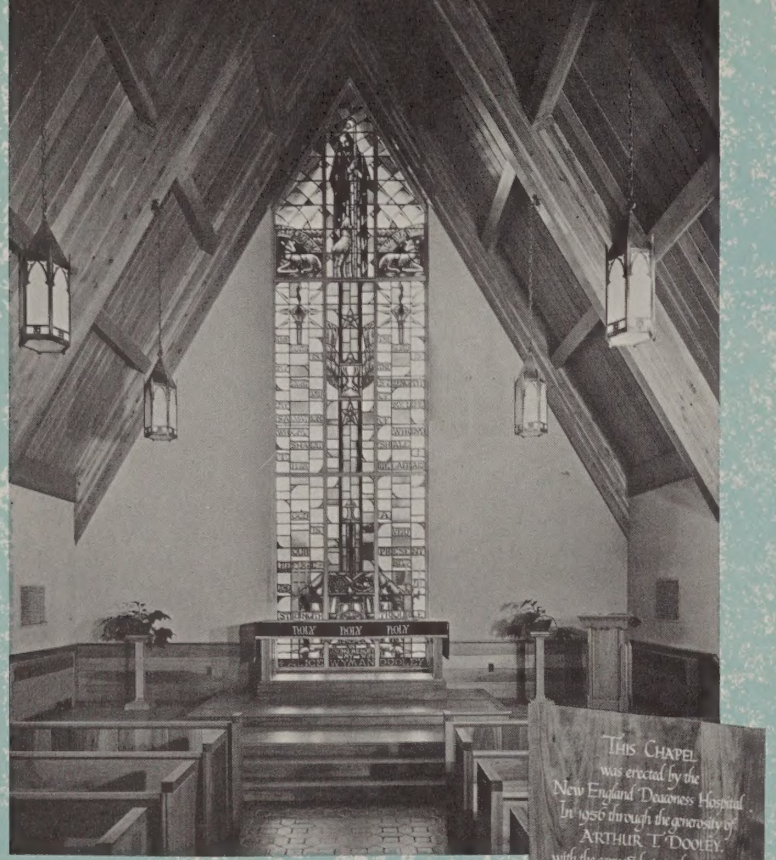
It is not too difficult to meet expenses if the purchase of new equipment, maintenance and expansion is curtailed or postponed. Such has not been the case at our hospital. In the past 5 years we have added over one million dollars' worth of new facilities. These include a shock therapy department, special care unit, cardiopulmonary laboratory,

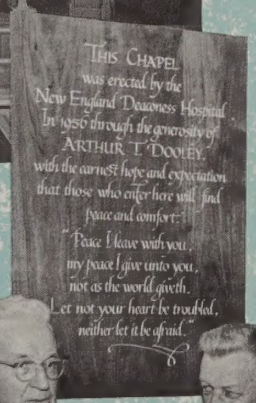
printing room and new patient furniture throughout the Deaconess, Palmer and Baker buildings. The laboratories in the basement and first floor of the Palmer building were rebuilt. The Friends of the Deaconess Coffee Shop has been enlarged and a new doctors' lounge constructed. The Deaconess lobby was improved and new roofs have been installed on Harris Hall, Deaconess, Palmer and Baker buildings. We have purchased the Autumn Street apartments, totalling 76 units, for personnel connected with the hospital. We have also purchased #1 Autumn Street for housing and have constructed a new parking lot on Autumn Street. Our oldest landmark, Brodbeck Cottage, has been torn down and in that location we are building new shops and an addition to our laundry. An additional floor is being added to the Cancer Research Building.

Because of expansion, our steam plant became inadequate. The old steam plant in the Deaconess basement was discontinued and we have tied into the Harvard University Medical School Power House which is located approximately 1,000 feet from our property.

We are indebted to many for assistance in these new ventures. The Friends of Deaconess with their numerous income producing activities have enabled us to accomplish many projects that otherwise would have been postponed. The Diabetes Foundation contributed the Hospital Teaching Unit. This self-help unit for ambulant patients is now in its third year of operation and is saving many thousands

Arthur T. Dooley Chapel




This Chapel
was erected by the
New England Deaconess Hospital
In 1950 through the generosity of
ARTHUR T. DOOLEY
with the earnest hope and expectation
that those who enter here will find
peace and comfort.
"Peace I leave with you,
my peace I give unto you,
not as the world giveth.
Let not your heart be troubled,
neither let it be afraid."

Arthur T. Dooley Chapel Dedication
Left to right R. D. Lowry, Arthur T. Dooley, Gustav Hagen, architect, and Dr. Warren F. Cook

of dollars for patients. The Ford Foundation's gift enabled us to start construction of the new shops and the addition to our laundry. The Thoracic Foundation gave the equipment for our cardiopulmonary laboratory. With the assistance of these groups and the many individuals who have made gifts and bequests in recent years, we have been able to find ways to finance each of these projects. An unusually generous bequest to the hospital was made by the late Samuel Norwich.

No gift has meant more to everyone connected with the hospital than that of Mr. Arthur T. Dooley. The beautiful Chapel named in his honor is used by thousands each year. Since our hospital is so highly specialized, patients come to us from all corners of the globe. These patients and their families are away from their friends and spiritual counsellors and many have expressed, both verbally and in writing, their deep appreciation of this facility for quiet meditation. Many generations to come will be grateful to Mr. Dooley.

Although the hospital has grown, the "spirit" of the Deaconess remains unchanged. Excellent cooperation exists between Trustees, Medical Staff and all departments of the hospital. We are fortunate in having an

unusually outstanding and capable group of department heads. Proof of their ability is evidenced by the large number that have been elected to offices in state and national organizations connected with their specialties.

In September of 1957 Mr. Wesley Sprague joined the administrative staff of our hospital. Because of his outstanding qualifications and experience the Executive Committee of the Board of Trustees appointed him Associate Director of the hospital. Although he has been with us a relatively short time, his contributions have been many. I am deeply grateful for his valuable assistance.

We are constantly looking for new ways to improve our services to both our patients and medical staff. Because we believe that charging the critically ill patient and the ambulant patient the same daily hospital rate is inequitable, we heartily endorse the concept of progressive patient care. Our Special Care Unit reduces the cost of special nursing for the seriously ill patient. The Hospital Teaching Unit has reduced the cost to the ambulant diabetic. As soon as possible we must provide additional facilities for convalescing and ambulant medical and surgical patients who require minimal care. All efforts of those working at the New England Deaconess Hospital are dedicated to providing the type of medical care the patient needs at the lowest possible cost to him.

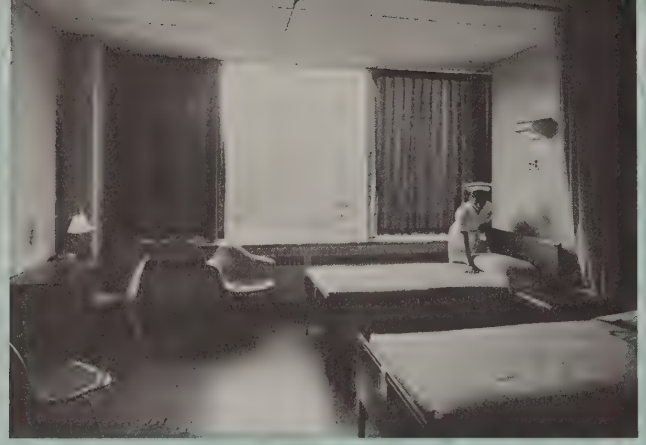
New Laundry Building

Norwich House

Report of the Medical Staff

There can be little doubt that the centralization of many of the hospital facilities has permitted a long step forward. The expansion and improvement program has continued. Remodeling of the laboratories of surgical and clinical pathology went forward after completion of the Central building and they are now consolidated on the first floor and basement of the Palmer building. Their consolidation from previously scattered areas has resulted in increased efficiency of operation so that a larger work load is now carried on in fewer square feet of floor space.

The cornerstone for the new Joslin building was laid on November 7, 1955 and the building was opened for use in December, 1956. The building was erected by the Diabetes Foundation, Inc. and offices of the Foundation are to be found in a wing which extends along Pilgrim Road. The first floor and basement are occupied by offices of the Joslin Clinic, and the second floor houses the Teaching Unit which is operated by the hospital. The Teaching Unit is designed for care and instruction of about 40 diabetic patients whose general health is such that they are able to care for their own rooms and go to the cafeteria on that same floor for their meals. Four graduate nurses provide full-time teaching in diabetes, and during the noon meal



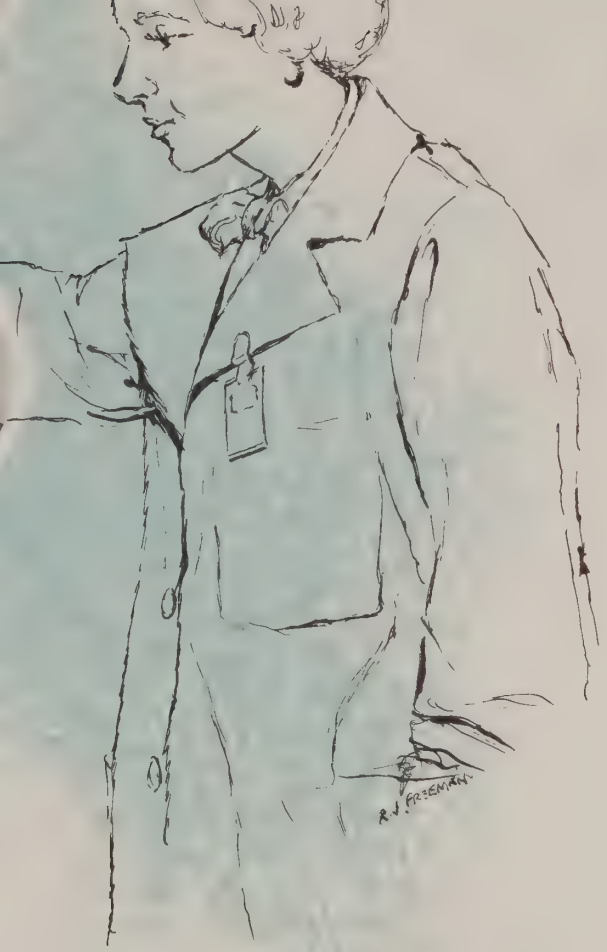
Patient's Room
Hospital Teaching Unit

Special Care Unit

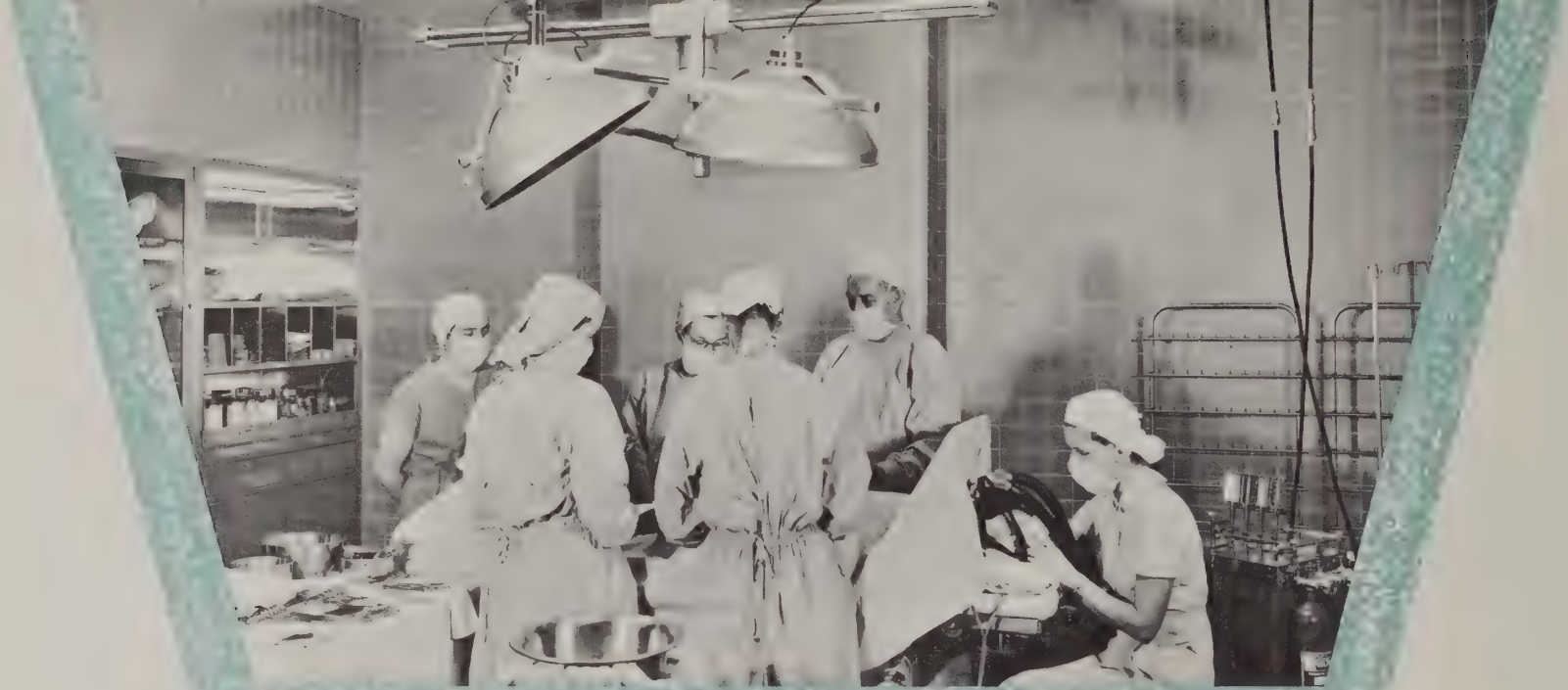
one or more physicians sit with the patients in order to give on-the-spot instruction in the accurate measurement of diets. Such instruction is of tremendous value to the diabetic patient and is almost equally valuable to the young doctor who gives it.

Changes in the practice of medicine are likewise easily visible at the Deaconess. Diseases of the heart and great vessels were almost wholly within the realm of the internist until a few short years ago. Advances in knowledge of these diseases, advances in surgical techniques and in anaesthesia, and the more and more abundant use of blood for transfusions have made it possible for the surgeon to play an increasingly important role in these problems. He may resect aneurysms of great vessels and replace the damaged part with human or man-made vessels. He may open heart valves which are too tight, and he may close certain openings between the several chambers of the heart which permit abnormal flow of blood and poor oxygenation of it within the lungs. Still more recently the neurosurgeon is taking a hand in the treatment of selected cases of Parkinson's disease, and in a few such patients he has been able to bring relief from the shaking palsy characteristic of that disease.

On the other hand, the effective medical treatment of hypertension has advanced to such an extent that at present only a few such patients are subjected to operation for removal of sympathetic nerves.



The Deaconess Hospital was among the first in which radioactive isotopes were made available for the diagnosis and treatment of thyroid disease. Radioactive iodine is now being used in some patients with toxic goiter and cancer of the thyroid even when such patients are judged not suitable for operative removal of their thyroid glands. Radioactive phosphorus is being used for treatment of polycythemia, and radioactive colloidal gold is being injected into the pleural and peritoneal cavities for the treatment of malignant effusions.



Operating Room

In an entirely different field the Deaconess Hospital was among the first of the general hospitals to provide electric shock therapy for certain psychiatric disorders. Such treatments are available for out-patients as well as for a limited group of in-patients. The mildly disturbed patient may thus avoid the embarrassment and perhaps the additional psychic trauma of admission to a psychiatric hospital or clinic.

Cooperation of the internist and surgeon has long been evident in the care of the diabetic patient who frequently has some need for surgery in addition to the need for regulation of his diabetes. Many cancer patients likewise have need for the special training of the surgeon and of the radiologist, and more recently of the internist for careful control of hormones and administration of the new chemotherapeutic compounds.

The hospital patient in recent years has also benefitted by reason of the greatly expanded skills of the anaesthesiologist. Almost all anaesthesia at the Deaconess Hospital is now administered by physicians who are carefully trained in the specialty. Their work extends well beyond the operating room to include the most advantageous pre-operative medication and the careful regulation of drugs and fluids post-operatively.

As a result of special interests and special skills, the NEDH attracts a large number of patients from distant areas. The total number of admissions to the Hospital during the last fiscal year was 10,439. Of these, 6,978 came from Massachusetts, (4,429 from the Boston area) with 1,831 from other parts of New England, 1,317 from areas in the United States beyond New England, and 313 from areas outside of the United States.

A number of the members of the medical staff are also members of the faculties of the Harvard, Boston University and Tufts medical schools and though several have teaching assignments within the schools, there has never been much teaching of undergraduate students within the Deaconess Hospital. For many years the Hospital and various groups of its medical staff have conducted fellowship and residency training programs at varying levels beyond the first year of internship. In recent years the teaching programs at this level has become even more active, so that the residents and fellows play an increasingly important role in the care of our patients. This is of interest since almost all patients at the Deaconess are private patients, and thus the specific responsibility of the physician, or group of physicians, of their choice.

This expanding role of the recent graduate in the care of private patients is not in any sense unique at the Deaconess, but is evidence of a changing pattern of medical practice throughout our country. It is likewise evident even in hospitals where the ties to the medical school are even closer, and where only a few years ago the vast majority of the patients were being cared for on an almost wholly charitable basis by an assigned group of students, interns, residents and visiting physicians. This change is due in part to the fact that a large part of our populaton is now covered by some kind of health insurance.

An aspect of this evolution of medical practice which is perhaps even more important for us to recognize is that the public (meaning the patient) has come to realize more than ever before that the best hospital care is provided in those institutions where well organized research and teaching programs are being carried on. The hospital with such a program is thus the safest hospital in which to be.

Residents and fellows working in the New England Deaconess Hospital include those of the Lahey Clinic as well as those officially sponsored by the Hospital. The latter group includes those in general medicine, general surgery, thoracic surgery, anaesthesiology, pathology and radiology. Additions to the group since the last report are those in general medicine and in general surgery. The six residents in general medicine rotate at four-month intervals through the Joslin Clinic, the Lahey Clinic and the

Solution Room

Medical Division of the General Staff. They thus have an opportunity to see a wealth of clinical material, and to discuss problems with a group of teachers having a wide variety of special interests. The residents in general surgery are assigned to us from the Harvard Teaching Service of the Boston City Hospital. Dr. J. Engelbert Dunphy is chief of that service at the City Hospital and is also a member of the Surgical Division of our General Staff.

Participation in the post-graduate teaching program is an added responsibility of all active members of the staff, but it results in a bilateral exchange of information which is helpful to all, and we believe that it has also brought about a closer co-operation of the several staff groups.

A feature of the Deaconess Hospital which is new since the last report is the cardiopulmonary laboratory which has been set up in one of the operating rooms on the fifth floor of the Central building. Here studies are carried out for the evaluation of cardiac and pulmonary disorders, with special reference to the possibility of surgical correction of the disorder. The laboratory is in a sense a research project, since much of the objective data now obtained there has not been previously available for assessment of the individual patient. Within this laboratory are found apparatus for fluoroscopic examination of the patient, apparatus for the recording of continuous and simultaneous pressures in several chambers of the heart, and other apparatus for gas analysis of withdrawn samples of blood.

2,000,000-volt X-ray

Our Cancer Research Institute continues to be occupied with work looking toward a better understanding of the basic chemistry of the cancer cell, of the means by which cancer metastasizes, and with the ways in which ionizing radiation may effect normal and cancer cells. All work in these laboratories is supported by a variety of research grants and contracts, so that it does not represent a financial burden to the Hospital or to the patient within the Hospital.

Research in diabetes and related fields is carried on in the Baker Clinic Research Laboratory. On July 1, 1957 Dr. Albert E. Renold became director of this laboratory and the laboratory thus acquired an even closer link with Harvard Medical School and the research activities of the nearby Peter Bent Brigham Hospital. Work in this laboratory has been made possible in large part by the generosity of Mr. and Mrs. Morton Adler and the Harry and Ray Rosenthal Foundation.

A constant problem of modern medicine, and especially modern surgery, is the provision of adequate amounts of blood for transfusions. Our blood bank takes care of the needs of patients in the Deaconess and also in the New England Baptist Hospital. It is a member of the National Clearing House of Blood Banks so that it is possible for donors to give blood in almost any part of the country for credit for patients in either of these two hospitals. One of the continuing problems of the Blood Bank has been the somewhat ambiguous status of the American Red Cross blood program, which is at times helpful in providing

Laboratory Study

Central Building Entrance

needed blood, but at other times inadequate. Not infrequently a patient who knows that he, his family or friends have contributed adequate amounts of blood is distressed to find that the Red Cross recognizes his claim for blood, but has no blood to provide at this time of need.

Our blood bank processed 9,435 pints of blood in 1958. Of these 5,418 were used for transfusions of patients at the Deaconess. This figure may be compared with the 1,728 pints which were used at the Deaconess in 1945. About 75% of transfusions are given to patients on the surgical services. About 1.5% of blood drawn by the bank becomes outdated before being given to suitable patients. Such blood is consigned to our own and affiliated research laboratories and so is not wasted.

It may be noted that about 18 transfusions were given per bed in the Deaconess Hospital for the year 1958. This is an unusually high figure, the average for the state being about eight transfusions per bed per year, and may be taken as an index of severity of disease of patients treated in our Hospital. It is of course closely related to the 2,815 major operations done in the Hospital during the same year.

Our department of radiology continues to be proud of its 2,000,000 volt X-ray therapy machine, and of the fact that it has been out of operating order for only three days in three years. Freedom from breakdown means low service cost, but of even greater importance, it means that the treatment schedule for the patient is not interrupted. Once a patient's treatment schedule is well under way he is most anxious to know just when it will be completed so that he may return to his home and family. Postponement because of mechanical failure would be a bitter disappointment.

During the past six months all radiographic procedures have been carried out using the new and faster films which have only recently become available. All radiographic screens are also of the fast type. With these and other advances in technique we strive to conduct all radiographic and fluoroscopic examinations with a minimum amount of radiation to the patient. Special care is taken to protect the sex glands in persons in or below the child-bearing age.

Finally we would conclude this report with a reminder that the modern hospital requires the carefully integrated services of the administrative officers, nurses, technicians, housekeepers, dietary personnel and maintenance workers as well as a medical staff. We of the medical staff are happy to express our gratitude for the sincere and co-operative efforts of all of the others who work with us.

Courteous Reception

Friends of the Deaconess Coffee Shop

of the FRIENDS of the Deaconess

The Friends of the New England Deaconess Hospital present this brief accounting for the period 1954 through 1958 with the earnest hope that they have grown in stature and are developing greater avenues of service, greater ability to raise money and greater ways of furthering good public relations for the hospital.

The report may rightly begin with October, 1954, for it was then that the Daniel Fiske Jones Operating Suite was dedicated, constituting the completion of a pledge of $60,000 to the building fund.

Then as now, the Coffee Shop was the source of largest revenue. Total income from its opening in March, 1953, to July 1, 1957, was $96,276, with a gross profit of $30,526. Monthly profit during this period ranged from $400 to $600, depending upon the season.

Expansion of facilities in 1958 was accompanied by an increase of profits. The new Coffee Shop opened in October with a seating capacity of 31 as compared with 17 formerly. A kitchen and other improvements were added at a total expenditure of $27,230.

Our optimistic predictions were substantiated when receipts for 1958 climbed to $8,983. It was thus possible to pay back two loans totaling $8,000 to members of our group and we have begun to return money to the depreciation account — $600 through fiscal 1958.

The Flower Shop and Gift Shop have done much to brighten the lobby and have provided the Hospital 20 per cent of all profits. A flower refrigerator has been installed to make possible the sale of beautiful displays of small arrangements for bedside tables or to take home. During the five years of operation sales have amounted to $20,730, representing a profit of $4,143 to the Hospital. It is believed that these figures can be raised radically under the improved conditions.

Air conditioning was added to the Gift Shop in September, 1958. Despite the fact that the shop was closed for two weeks for alterations, this was the most successful year. Sales netted a profit of $2,200. A gift cart was acquired in 1954 to enable patients to make simple purchases themselves.

The Thrift Shop grows steadily and yields in the same degree as the support it receives from the donors. Profit to the Hospital is 100 per cent. The shop is open two days a week and last year earned $3,630.

The Surgical Dressings group feels that its name no longer applies. All hospitals have been obliged to buy manufactured dressings, and even gauze stretching ran too low to occupy the whole group. Some turned their interest last year to making articles at home for the Christmas Bazaar.

Mrs. Wardwell writes each year to Women's Societies of Christian Service of the Methodist Churches. The correspondence usually produces at least $600, which is added to the Nurses Scholarship Fund.

The Friends gave $2,000 to the Chapel Foundation Fund, and in 1955 contributed $5,500 for the 2,000,000-volt X-ray machine.

We branched out twice in 1958 in the interest of hospitality and friendliness. The Board of the Friends held open house the Sunday before Christmas in Central Lobby to give everyone who entered the hospital a sincere welcome and to greet the doctors, nurses, employees and ambulatory patients.

Mrs. Brigham has taken over the Puppet Doll project, giving one to each child who enters the Hospital for much-needed diversion.

Past President
Mrs. Sheldon E. Wardwell

Current President
Miss Dorothy B. Seccomb

Friends of the Deaconess Flower Shop

Annual fund raising events have proved both profitable and entertaining. Among them have been a Christmas Bazaar and Easter Food Sale for the Nurses Fund.

Deaconess Night at the Pops has long been an anticipated event which nets about $1,500 for the Scholarship Fund. In 1956, the Friends sponsored a Sunday performance of the Vienna Choir Boys in Symphony Hall, clearing $2,500 for the Hospital.

The Fun evening of 1958 was a night at Blinstrub's Village. Total receipts after expenses were deducted were $4,943.

Membership in the Friends moves forward with a present count of nearly 600. Volunteers are the most acute problem, especially with expanded hours of service in the Coffee Shop.

We are aware of the closest possible harmony and helpful co-operation with the administration. Countless members of the Staff, Nursing Department and other employees have caused our days spent at the Deaconess to be outstanding ones.

May we always deserve their unfailing interest and support.

ASSETS

Current assets:		
Cash		($ 15,964.16)
Securities at value when received		50,676.65
Accounts receivable less reserve for uncollectible accounts		458,298.40
Inventories of supplies		169,359.83
Prepaid expenses		15,253.07
Total current assets		677,623.79
Deferred charges		13,174.12
Due from plant funds		12,903.40
		703,701.31
Cash and securities — gifts, bequests, and reserves for special purposes including $15,964.16 loaned to General Fund (see above)		149,916.22
Amortization and Depreciation Fund:		
Cash and securities	$ 81,438.99	
Due from General Fund	41,552.73	122,991.72
		272,907.94
Investments and cash awaiting investment		2,087,496.08
Land, buildings and equipment		7,754,067.48
Cash and securities		209,787.74
		7,963,855.22
		$11,027,960.55

BALANCE SHEET September 30, 1958

LIABILITIES

Current liabilities:	
Accounts payable and accrued expenses including withheld taxes	$ 393,031.06
Payments on mortgages due within one year	12,000.00
Total current liabilities	405,031.06
Due to Amortization and Depreciation Fund	41,552.73
General Fund	257,117.52
	703,701.31
Gifts, bequests, and reserves for special purposes	149,916.22
Amortization and Depreciation Fund	122,991.72
	272,907.94
Funds	2,087,496.08
Building and equipment funds	5,672,594.76
Provision for depreciation of hospital building and equipment	871,356.13
Mortgages payable except amount shown in current liabilities above	1,407,000.93
Due to General Fund	12,903.40
	7,963,855.22
	$11,027,960.55

INCOME STATEMENT

For the Year Ended September 30, 1958

Hospital net income		$4,336,220.12
Operating expenses:		
Administration and general	577,223.30	
Household and property	1,487,178.80	
General professional care	1,152,377.11	
Special professional care	1,274,173.64	
Out-patient department	7,635.04	
Pensions and annuities	15,523.20	
	4,514,111.09	
Surplus from operations		(177,890.97)
Add other income:		
Endowment income	125,378.93	
Trustees of the Consumptives' Home	6,816.31	
Donations	81,787.58	
Pharmacy store net income	13,795.93	
Miscellaneous	2,137.45	
	229,916.20	
	52,025.23	
Deduct interest	56,434.33	
Surplus before provision for depreciation, obsolescence, and construction		(4,409.10)
Set aside for amortization, depreciation, obsolescence, construction and mortgage reduction	36,876.03	
	(41,285.13)	
Provision for depreciation of hospital buildings and equipment, less equipment chargeable there against	90,621.67	
Balance of income added to general fund		($ 131,906.80)

GENERAL FUND ACCOUNT

For the Year Ended September 30, 1958

Balance October 1, 1957		$193,573.36
Add:		
Unrestricted legacies		97,137.05
Trustees of the Consumptives' Home — unrestricted legacy		50,000.00
Transfer from building and equipment funds — depreciation less equipment chargeable there against		90,621.67
		431,332.08
Deduct:		
Transferred to building and equipment funds		41,285.57
Loss on sale general fund securities		1,022.19
Deficit for year (see previous page)		131,906.80
		174,214.56
Balance September 30, 1958		$257,117.52

STATEMENT BY ACCOUNTANT

Executive Committee
New England Deaconess Hospital
Boston, Massachusetts

I have examined the balance sheet of New England Deaconess Hospital as at September 30, 1958, the income statement and the analysis of general fund for the year then ended. The examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as were considered necessary in the circumstances.

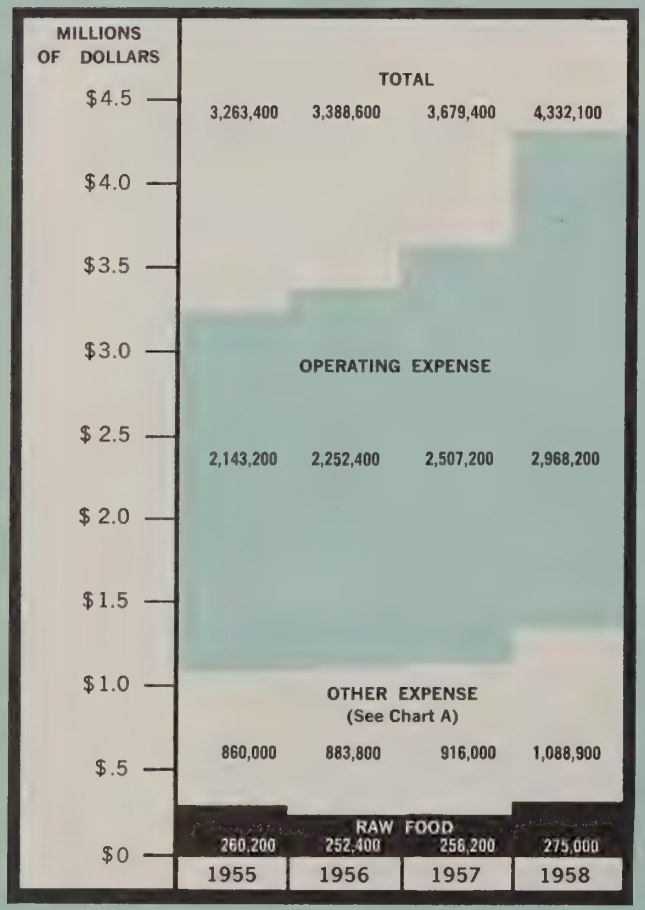
In my opinion, the aforementioned statements present fairly the financial position of New England Deaconess Hospital as at September 30, 1958, and the results of its operations for the year then ended, on a basis consistent with that of the preceding year.

Boston, Massachusetts
December 8, 1958

(Signed)
WEBSTER MCCANN

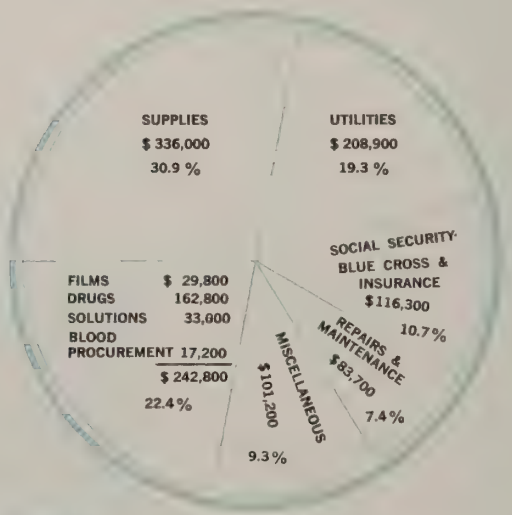
CHART #1

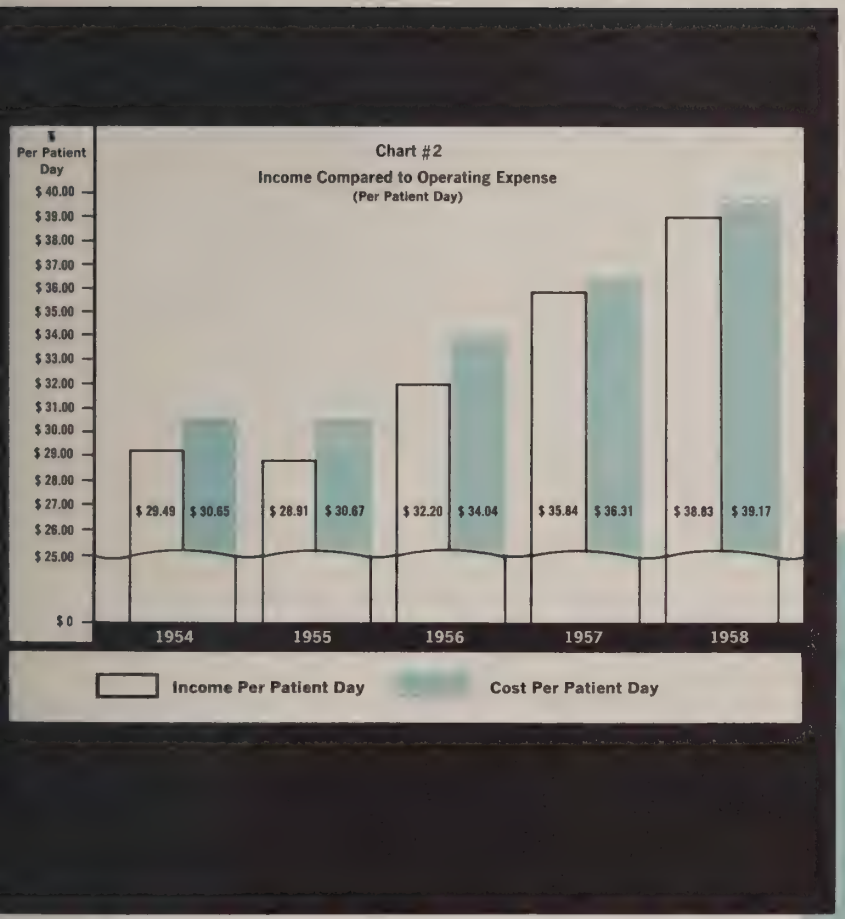
OPERATING EXPENSE 1955-1958



The New England Deaconess Hospital, in common with other similar institutions, has been faced with ever-rising costs. The largest single item of expense is in the area of salaries which amount to about 68% of the total cost of operations. We have all experienced the increase in cost of materials which are used in our own homes. Hospitals share that experience.

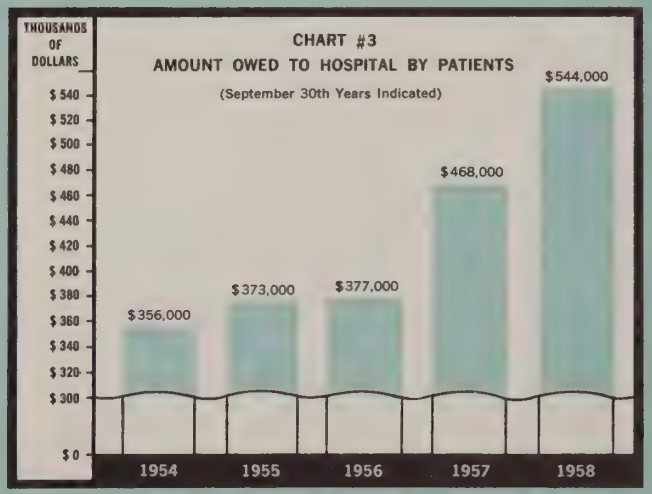
The medical field has made great advances in recent years. New materials and procedures have been developed which make the hospital experience of patients more pleasant. Chart #1 shows graphically how costs have increased.





In order to meet these rising costs it has, of course, been necessary to increase charges to patients. That the costs have kept ahead of charges to patients is demonstrated in Chart #2.

The New England Deaconess Hospital has had an excellent record of payments to the suppliers of goods and services. It is increasingly difficult to continue meeting our obligations out of income from services rendered to patients. While the cost of hospital services is increasing, so is the amount due the hospital from patients. Chart #3 shows that accounts receivable from patients have increased in four years from about $356,000 to over $540,000.



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